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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/486,394	<b>FILING DATE</b> 06/20/2000 <b>RULE</b> -	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 032929-001
<b>APPLICANTS</b> REINHARD HOPFL, INNSBRUCK, AUSTRIA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/EP98/04773 07/30/1998 <i>Yes</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 37 409.3 08/27/1997 <i>Yes</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 07/06/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> AUSTRIA	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 12
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 21839				
<b>TITLE</b> DIAGNOSTIC KIT FOR SKIN TESTS, AND METHOD				
<b>FILING FEE RECEIVED</b> 970	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	